

U6000 224 779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

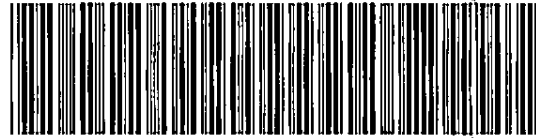
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019-JAN-29 PM 3:21

JAN 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GrayTWORKS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Cunningham
Name of Person

GrayTWORKS
Firm/Company

7309 Hawks Point Ct
Address

Jacksonville, FL 32222
City/State and Zip Code

graytworks@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gray at (678) 600-1277
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

*pd
already*

☐ \$55 Filing Fee & Certified Copy

2018 JAN 29 PM 3:21
RECEIVED
TALLAHASSEE, FLORIDA

2018 JAN 30 PM 1:53

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GrayTWORKS, LLC

2. (a) 7309 Hawks Point Ct. (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Jacksonville, FL 32222 _____

3. 12-12-16 4. L16000224779
Date of filing/registration in Florida Document number

5. (a) Michael Gray RE: LT#: 519A 00001405
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7309 Hawks Point Ct
Jacksonville, FL 32222

(b) Jennifer Cunningham
Enter name of NEW Registered Agent and or NEW Registered Office address:

N/A 7309 HAWKS POINT CT
NEW Registered Office Address:

Jacksonville, FL 32222

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael Gray 1/25/2019 Michael Gray
Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Gray 1/25/2019
Signature of Registered Agent

2019 JAN 29 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA